CITY OF LEITCHFIELD

GOLF CART STICKER/PERMIT APPLICATION

Name of Applicant:	
Make and Model of Unit:	
OWNER'S CONTACT INFOR	<u>MATION</u>
Owner's Name:	
Owner's Address:	
	City, State, Zip
Owner's Phone:	
OPERATIONAL INFORMATIONAL INFO	<u>ON</u>
PLEASE PROVIDE A COPY OF	THE FOLLOWING DOCUMENTATION:
PROOF OF CURRENT II	ISURANCE POLICY
COPY OF VALID DRIVER	'S LICENSE
PROOF OF INSPECTION	FROM SHERIFF'S OFFICE
FORM MUST BE COMPLETE	LY FILLED OUT BEFORE IT WILL BE ACCEPTED
with the City of Leitchfield i	2019-08, the sticker/permit fee for all golf carts being registered \$\\$25.00, which is to be remitted with this application. The fee shall be issued and due once per fiscal year (July 1 - June 30).
By my signature below, I clabest of my knowledge.	rify that the information provided herein is true and accurate to the
Remit to: City of Leitch	field Attn: Treasurer P. O. Box 398, Leitchfield, KY 42755-0398
-	Signature of Applicant
	Date
Signature of City Clerk	